

CLAIMS ONLY						Application Number <i>D91886515</i>	Filing Date					
						Applicant(s)						
* May be used for additional claims or amendments												
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1	/						51	/				
2		/					52	/				
3		/					53	/				
4							54	/				
5							55	/				
6							56	/				
7							57					
8							58					
9							59					
10							60	/				
11							61	/				
12							62	/				
13							63	/				
14							64	/				
15	/						65	/				
16							66					
17							67					
18							68					
19							69					
20							70					
21	/						71					
22		/					72					
23		/					73					
24							74					
25							75					
26	/						76					
27		/					77					
28		/					78					
29		/					79					
30							80					
31		/					81					
32	/						82					
33		/					83					
34		/					84					
35		/					85					
36		/					86					
37		/					87					
38	/						88					
39		/					89					
40		/					90					
41		/					91					
42	/						92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	<i>9</i>						Total Indep	<i>3</i>				
Total Depend	<i>41</i>						Total Depend	<i>12</i>				
Total Claims	<i>50</i>						Total Claims	<i>15</i>				

*15*  
65